

City of Columbus Income Tax Division Power of Attorney

KNOW ALL MEN BY THESE PRESENT:

That I,	of		County of,			
State ofState					•	
Name of Grantee	of	Address	County	. 01	County	
ofState	, ()Phone Numb	my true	and lawful att	orney in fact, f	for me and in my name	
and stead. I hereby gran	nt unto my said attorne	y full power and a	uthority to do	and perform	any and every act and	
thing that I might or coul	d do, if personally prese	ent. I hereby ratify	and confirm a	ıll that my said	attorney shall lawfully	
do or cause to be done b	by virtue of this POWE	R OF ATTORNI	E Y .			
This POWER OF ATT	ORNEY is limited for t	use at the City of C	Columbus, Inc	come Tax Divis	sion. I understand that	
the grantee may be perm	nitted to view my tax rec	cord, including fili	ngs and incor	ne received, ar	nd I further understand	
that the grantee may sig	n agreements and or ad	mit liability on m	y behalf. On	ly the person n	named in the POWER	
OF ATTORNEY, after	proper identification, sh	nall have the autho	ority given by	this document		
IN WITNESS WHERI	EOF, I have hereto set r	my hand this	day of	Month	, 	
				Name of Gra	untor	
D ' 1 14 (11	11 6	(
Be it remembered that	tne above-named perso	on personany app	beared before	me, a (notary	y / attorney) in and	
for said County, and acl						
/ her) voluntary act and	deed. In witness whe	ereof, I have subse	cribed my na	me and officia	al seal, this day	
of	_••• Year					
				Signature of Nota	ry Public	